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|--|-------------------------|---|----------|---|---------|-------------|--|
| No. C 186941 | | Due no later than Apr 30, 2014 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form 1. Mailing Address: Correct in this box if needed. GROUP DENTAL SERVICE OF MARYLAND, INC. 6705 ROCKLEDGE DRIVE SUITE 900 BETHESDA MD 20817 USA | | C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 USA | | | |
| | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional). | | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| DIRECTOR | ANDREW L. ASHER | 6705 ROCKLEDGE DRIVE SUITE 900 | BETHESDA | MD | USA | 20817 | |
| TREASURER | ELAINE ROSE COFRANCESCO | 6705 ROCKLEDGE DRIVE SUITE 900 | BETHESDA | MD | USA | 20817 | |
| PRESIDENT | MARK C. SANTOS | 6705 ROCKLEDGE DRIVE SUITE 900 | BETHESDA | MD | USA | 20817 | |
| SECRETARY | EDWARD CHUNG-I LEE | 6705 ROCKLEDGE DRIVE SUITE 900 | BETHESDA | MD | USA | 20817 | |
| 5. Organized Under the Laws of: MD C 186941 | | 6. Annual Report must be signed.* Signature: Collin Menkhus Name (type or print): Collin Menkhus Date: 03/29/2014 Title: Poa | | | | | |
| Processed 03/29/2014 | | * Electronically provided signatures are accepted as original signatures. | | | | | |